CONGREGATIONAL CHILD DEVELOPMENT CENTER

OFFICE: 989.725.9092 | FAX: 989.723.6668 | EMAIL: CCDCROCKS@YAHOO.COM | WEB: WWW.CCDCROCKS.COM

- Monthly Child Care Contract -

Parent/Guardian Name: ______________________ Child's Name: ______________________ Month: ______________________

If the month ends during the week please finish out the week into the next month | Please fill out times in 15 minute increments

Wk Of	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL HOURS
______	time in ____ time out ____ time in ____ time out ____ hours ____					Total Hours:________ Hourly Rate: $________ Weekly Subtotal: $________ *Adjustments: $________ TOTAL DUE: $___________
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The above amount is DUE and payable in full PRIOR to when the child is first delivered for care each week. Payments can be made on our website (not brightwheel): www.ccdcrocks.com/payments

- I understand I am responsible for paying for the hours I have contracted for even if my child does not attend. I understand that the contract and payment are due prior to when the child is first delivered for care each week.
- Monthly contracts are due the Wednesday before the 1st of the month. If received after the 1st of the month there will be a $20 late fee added. We cannot guarantee care if your contract is turned in late. Contract/payment request forms are available if special arrangements with the Director are needed.
- I understand if I use the daycare beyond the number of hours I contract for, payment for the additional time is due with the following week's fee.
- I understand if I pick up my child after the closing time (6:15 pm) I will be assessed a fee of $10 in 15 minute intervals.
- I understand that a late fee of $20 will be charged for each week that payments are not made as scheduled.
- I understand that if I have not paid my child care fee as specified above, I will not be permitted to leave my child until I have paid my bill in full or have made special payment arrangements with the Director.

____

Parent/Guardian Signature

____

Date

Monthly Hours:________

*Adjustments: $________

TOTAL DUE: $__________

**Adjustments may include (but are not limited to) DHS payments, credits, late charges, etc.*